

10/08/175

Dated:		Inventor's Signature:		
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Dated:		Inventor's Signature:		
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Dated:		Inventor's Signature:		
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Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name (and Middle, if any)		
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
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I hereby appoint Timothy W. Markison, Registration No. 33,534, Christopher J. Reckamp, Registration No. 34,414, and Robert M. McDermott, Registration No. 41,508 of Markison & Reckamp, P.C., 899 Skokie Boulevard, Northbrook, IL 60062 as my attorney, with full power of substitution and revocation, to prosecute this patent application and to transact all business in the United States Patent and Trademark Office connected therewith, and to file and prosecute any international patent applications filed thereon before any international authorities under the Patent Cooperation Treaty, and I hereby authorize him to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization who/which first sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct them in writing to the contrary.

Please address all correspondence and direct all telephone calls to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of this patent application or any patent issued thereon.

Inventor(s)

Full Name: _____ Citizenship: _____

Signature: _____ Date: _____
Street Address: _____
City: _____ State or Province: _____ Zip or Postal Code: _____ Country: _____

Full Name: _____ Citizenship: _____

Signature: _____ Date: _____
Street Address: _____
City: _____ State or Province: _____ Zip or Postal Code: _____ Country: _____

Full Name: _____ Citizenship: _____

Signature: _____ Date: _____
Street Address: _____
City: _____ State or Province: _____ Zip or Postal Code: _____ Country: _____

Full Name: _____ Citizenship: _____

Signature: _____ Date: _____
Street Address: _____
City: _____ State or Province: _____ Zip or Postal Code: _____ Country: _____

R.G. ZENICK JR

Full Name: _____ Citizenship: USA

Signature: *R.G. Zenick Jr* Date: 23 MARCH, 1998
Street Address: _____
City: _____ State or Province: CA Zip or Postal Code: 92075 Country: USA
SOLANA BEACH